

215037392
60223

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 053	Agency Case No. B5-085215	HIT & RUN? <input checked="" type="radio"/> YES <input type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input type="radio"/> YES <input checked="" type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 09/14/2015		S M T W TH F S <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 0720	POLICE NOTIFIED 1004	09/14/2015
B 65	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. South Cotner Blvd, A Street to Aldrich Drive			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE
D 4	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				250.00	X	A Street
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 10	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H12549893			STATE (Of License)	NE
V1/N 1	DRIVER	GARY M REBER			PHONE	402-202-7428
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 7640 O'ROURKE DR, LINCOLN, NE 68516			DATE OF BIRTH (MM / DD / YYYY)	10/16/1962
G 2	OWNER	GARY M REBER			PHONE	402-202-7428
	OWNER ADDRESS	CITY, STATE, ZIP 7640 O'Rourke Drive, Lincoln, NE 68516			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
H 5	LICENSE PLATE	PA	NO.	SBS992	YEAR (Plate Expires)	2016
V1/O 2	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
		2001	Chevrolet	Impala	4 door Sedan	white
V2/O 5	VEHICLE ID NO. (VIN)	2G1WH55K319126685			ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 900	
	TOWED TO	TOWED BY			INSURANCE COMPANY Le Mars Insurance Company	
					POLICY NO. PAW245775	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	Unknown			STATE (Of License)	
V1/P 1	DRIVER	Unknown			PHONE	
V2/P 8	DRIVER ADDRESS	CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)	
J 01	OWNER	Unknown			PHONE	
	OWNER ADDRESS	CITY, STATE, ZIP			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE	NO.	Unknown			YEAR (Plate Expires)
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
			Unknown	Unknown	Motorcycle & d	black
K 01	VEHICLE ID NO. (VIN)				ESTIMATED DAMAGE <input type="radio"/> TOALED \$	
	TOWED TO	TOWED BY			INSURANCE COMPANY Unknown	
					POLICY NO.	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

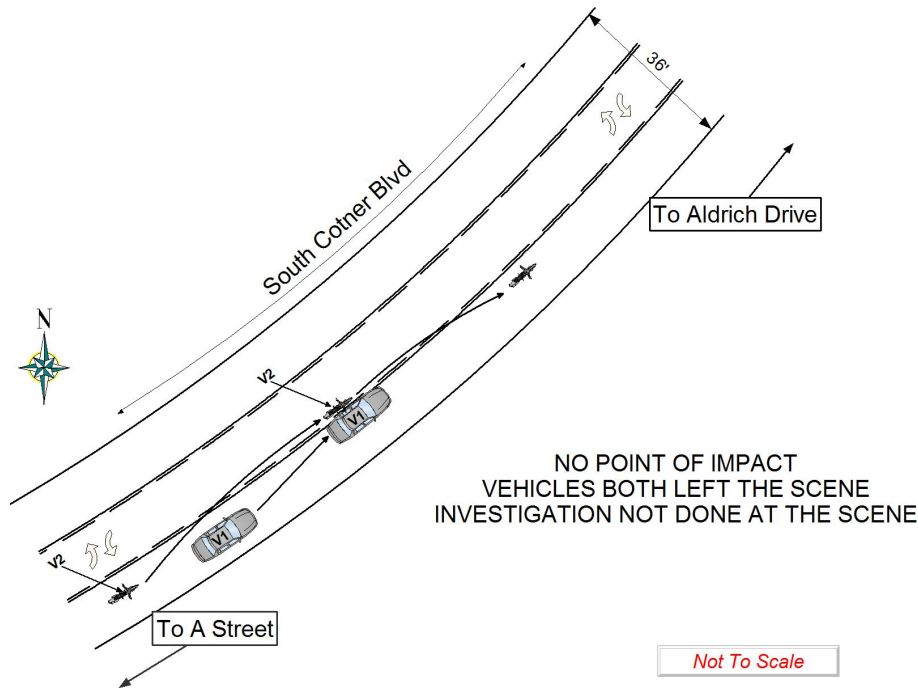
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-085215



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 indicated he was NB on South Cotner Blvd at an estimated speed of 25-30mph and began to make a lane change into the center turn lane so that he could turn into the shopping area. D1 indicated that as he entered the turn lane he heard / felt an impact with a V2. D1 indicated that V2 (motorcycle) must have been attempting to illegally pass him on the left just as he began to change lanes. D1 said V2 sped away after the impact NB on South Cotner.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1	X				South Cotner B										
2	X				South Cotner										
1	03				06 Turning left		POINT OF IMPACT		07	POINT OF IMPACT		03			
2	04				08 Entering traffic lane		MOST DAMAGED AREA		07	MOST DAMAGED AREA		03			
				01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				01 02 03 04 08 07 06			
				1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown				ALCOHOL/ DRUGS SUSPECTED 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			
OFFICER NO. 763				TROOP/ TEAM/ BEAT 5				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) Brian Hoefer				INVESTIGATOR SIGNATURE Approved by Officer Brian Hoefer				DATE OF REPORT 09/14/2015							